Indiana Interagency Council on the Homeless Action Plan to End Chronic Homelessness

October 10, 2003

DRAFT

Indiana Interagency Council on the Homeless
Action Plan to End Chronic Homelessness

Vision Statement: To end chronic homelessness in Indiana.

Mission Statement: We will end chronic homelessness by developing, promoting, and implementing a comprehensive system of care that:

- Optimizes the use of existing resources

- Creates new resources

- Improves coordination and collaboration across service, housing, and information systems

Plan Priorities: - Enhance prevention activities and strategies

- Increase supply of supportive housing

- Enhance and coordinate support systems

- Optimize use of existing mainstream resources

- Develop a policy and planning infrastructure

Chronic Homelessness: For the purposes of this plan, we recognize the U.S. Department of Housing and Urban Development's (HUD's) definition of chronic homelessness: "An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least 4 episodes of homelessness in the past 3 years." However, in developing the plan to end chronic homelessness in Indiana, it is imperative to also include the needs of families and children experiencing repeated episodes of homelessness. Furthermore, the Chronic Homeless Policy Task Force of the Indiana Interagency Council on the Homeless recommends that a second plan be developed to address the non-chronic homeless population.

Background: In May 2003, a team representing the State of Indiana participated in a policy academy entitled "Improving Access to Mainstream Services for People Experiencing Chronic Homelessness." The event was a collaborative effort of U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, and U.S. Department of Veterans Affairs to assist State and local policymakers to develop an action plan intended to:

- Improve access to mainstream health and human services that are coordinated with housing for persons who are chronically homeless;

- Create and/or reinforce relationships among the Governor's office, State Legislators, key program administrators, and stakeholders from the public and private sectors;

- Provide an environment conducive to the process of strategic decision-making; and

- Assist state and local policymakers in identifying issues or areas of concern that may resul in a formal request for technical assistance.

The Indiana Interagency Council on the Homeless Action Plan to End Chronic Homelessness has been developed as the result of the strategic planning process initiated during the policy academy.

Indiana Interagency Council on the Homeless Participating Agencies:

Family and Social Services Administration

Indiana Coalition on Housing and Homeless Issues

Indiana Department of Correction

Indiana Department of Education

Indiana Department of Veterans Affairs

Indiana Department of Workforce Development

Indiana Housing Finance Authority

Indiana State Department of Health

U.S. Department of Veteran Affairs

U.S. Department of Housing and Urban Development

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Acronyms:

ACT	Assertive Community Treatment
CHALENG	Community Homelessness Assessment, Local Education and Networking Groups
CHIP	Coalition on Housing Intervention & Prevention
CoC	Continuum of Care
DOC	Indiana Department of Correction
DVA	U.S. Department of Veteran Affairs
DWD	Indiana Department of Workforce Development
ESG	Emergency Shelter Grant
FSSA	Family and Social Services Administration
FSSA/DFC	Family and Social Services Administration Division of Family and Children
FSSA/DMHA	Family and Social Services Administration Division of Mental Health and Addiction
FSSA/VRS	Family and Social Services Administration Vocational Rehabilitation Services
HMIS	Homeless Management Information System
HUD	U.S. Department of Housing and Urban Development
IAC	Indiana Interagency Council on the Homeless
ICHHI	Indiana Coalition on Housing and Homeless Issues
IDDT	Integrated Dual Disorders Treatment
IDOC	Indiana Department of Commerce
IDVA	Indiana Department of Veterans Affairs
IHFA	Indiana Housing Finance Authority
ISDH	Indiana State Department of Health
MOA	Memorandum of Agreement
PHA	Public Housing Authority
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
VAMC	Veteran Affairs Medical Center
WIBs	Local Workforce Investment Boards

Definitions:

Mainstream Resources
These are Federal resources available to assist homeless people through non-targeted programs. These programs offer an array of resources to meet essential needs such as housing, health care job training, and food and nutrition services. The following are examples of some of the mainstream Federal programs which, although they are not specifically targeted to homeless people, offer substantial additional resources: Medicaid, TANF, Food Stamps, SSI, Workforce Investment, Welfare-to-Work, Community Services Block Grant, Community Mental Health Services Block Grant, Social Services Block Grant, Substance Abuse Prevention and Treatment Block Grant, Veterans Health Care, State Children's Health Insurance, Community Development Block Grant, HOME Investment Partnerships Program, Housing Choice Vouchers, and Public Housing Program.

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Indiana Interagency Council on the Homeless
Action Plan to End Chronic Homelessness

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
PRIORITY ONE: Enhance prevention activities and strategies				
Strategy 1.1	**Action 1.1.1**			
Ensure individuals are given the option not to be released/discharged into homelessness	Explore the present discharge practices from Mental Health Center and DVA inpatient units	FSSA, DVA	Generate a report on current practices, identify the number of clients that do not accept housing referrals and why, and recommend changes as necessary	1 year
	Action 1.1.2			
	Monitor discharge practices under new policy for state hospitals	FSSA	Regular reporting on discharges from state hospitals	1 year
	Action 1.1.3			
	Initiate offender discharge planning process at intake	DOC	Decreased number of offenders released into known shelters	1 year
	Action 1.1.4			
	Assess discharge needs of Non-State and Non-Federal offender population	DOC, Community Corrections Advisory Boards	Decreased number of offenders released into known shelters	1 year
	Action 1.1.5			
	Develop ways to prevent youth coming out of foster care from becoming homeless	FSSA	Policies for extended case management and including affordable housing into transition plans	1 year
Strategy 1.2	**Action 1.2.1**			
Stabilize clients' housing environments	Seek funding for emergency rental assistance	IHFA	Identify and secure funding for emergency rental assistance	1 year
	Action 1.2.2			
	Seek funding for SSI case management project	ISDH	Identify and secure funding for SSI case management project	1 year
	Action 1.2.3			
	Improve landlord and tenant mediation	ICHHI, CHIP	Increased landlord awareness of tenant needs	1 year
Strategy 1.3	**Action 1.3.1**			
Increase resources for family homeless prevention	Identify successful family-focused supportive housing models for replication	FSSA/DFC	Demonstrate a link between strong family-focus and preventing chronic homelessness	1 year
Strategy 1.4	**Action 1.4.1**			
Increase homeless prevention planning	Require regional CoC planning to include workable homeless prevention activities and strategies	IHFA, ICHHI, FSSA	All regional plans to include prevention activities	1 year

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Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
PRIORITY TWO: Increase supply of supportive housing				
Strategy 2.1	**Action 2.1.1**			
Determine the need for additional supportive housing	Generate a list of existing supportive housing units	ICHHI	A list of supportive housing units	3 months
	Action 2.1.2			
	Analyze potential demand for additional supportive housing by region (include data from CoC and CHALENG gap analyses)	ICHHI (data from FSSA, ISDH, IDVA)	A list of relative need	6 months
	Action 2.1.3			
	Generate a list of existing funding sources for supportive housing development	ICHHI	A list of funding sources, amounts, and eligibility guidelines	3 months
Strategy 2.2	**Action 2.2.1**			
Identify additional resources for funding supportive housing	Explore options for dedicated revenue sources for housing trust funds	IHFA	Identify at least 3 funding options	6 months
	Action 2.2.2			
	Explore alternative public and private funding sources for construction and operations	ICHHI, FSSA, IHFA, IDOC, IDVA, ISDH	Database of potential funding sources	1 year
Strategy 2.3	**Action 2.3.1**			
Expand interest and capacity at regional and local levels to produce supportive housing	Work with PHAs and regions to develop plans to meet the needs of supportive housing and diverse populations	IHFA, FSSA, HUD	An increased number and geographic distribution of supportive housing units	2 years
	Action 2.3.2			
	Identify supportive housing model programs for all populations (e.g. singles, families) and foster replication	ICHHI, Regional VAMCs	Best practices recognized and replicated	3 years
	Action 2.3.3			
	Encourage the prioritization of Section 8 vouchers for people who transition from temporary or emergency housing	FSSA, HUD, DVA, PHAs	A change in policy regarding the prioritization of Section 8 vouchers for chronically homeless persons	2 years

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
PRIORITY THREE: Enhance and coordinate support systems				
(Mental Health, Substance Abuse, Employment, Case Management, Outreach, Primary Health Care)				
Strategy 3.1	**Action 3.1.1**			
Determine the need for additional support services	Identify program policies in need of coordination	FSSA, ISDH, DWD, DOC, DVA	A listing (with annual updates) of programs and an analysis of their level of coordination	2 years
	Action 3.1.2			
	Use program analysis to modify programs to become more complementary of one another	FSSA, ISDH, DOC, DWD	A seamless delivery system	5 years
	Action 3.1.3			
	Generate a list of existing funding sources for support services	ICHHI	A list of existing funding sources	1 year
Strategy 3.2	**Action 3.2.1**			
Identify additional resources for funding support services	Explore alternative public and private funding sources for supportive services	FSSA, ICHHI	Database of potential funding sources	1 year
Strategy 3.3	**Action 3.3.1**			
Enhance and coordinate access to services (outreach, intake, referral, and case management)	Encourage regions to create centralized and standardized intake, referral, and assessment	HMIS Task Force	HMIS operational and used by all regions	3 years
	Action 3.3.2			
	Encourage and provide opportunities to cross-train outreach, intake, referral, and case management staff	FSSA, ICHHI, IACED	Annual training workshops held locally and statewide	1 year
	Action 3.3.3			
	Provide training opportunities on intensive, strength-based case management	FSSA, ICHHI, IACED	Annual training workshops held locally and statewide	1 year
	Action 3.3.4			
	Educate service providers regarding DVA benefits	FSSA, ICHHI, IACED, DVA	Annual training workshops held locally and statewide	1 year
Strategy 3.4	**Action 3.4.1**			
Improve effectiveness and accountability	Identify support services model programs for all populations (e.g. singles, families) and foster replication	ICHHI, Regional VAMCs	Best practices recognized and replicated	3 years
	Action 3.4.2			
	Develop a data system of clients, services, and outcomes	ICHHI	Homeless Management Information System (HMIS)	2 years

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
	Action 3.4.3			
	Formalize regional relationships between housing, support services, and employment through MOAs (identify, enroll, and ensure service provision)	FSSA, ISDH, DWD, DOC, DVA	Increased collaboration and decreased duplication of services	2 years
Strategy 3.5	**Action 3.5.1**			
Enhance mental health and substance abuse services	Increase outreach services through mobile mental health teams	FSSA/DMHA, DVA	Increased number of homeless persons engaged in treatment	1 year
	Action 3.5.2			
	Establish and monitor outcome measures for performance for mental health and addiction treatment	FSSA/DMHA, DVA	Annual performance reports	2 years
	Action 3.5.3			
	Continue development and advocacy of evidence based programs. (e.g. ACT, IDDT)	FSSA/DMHA, DVA	Annually increased numbers of programs using evidence based practices	on-going
	Action 3.5.4			
	Explore additional funding sources for substance abuse as a disability category (e.g., eligibility waivers, low cost/no cost program fees)	FSSA/DMHA	Database of potential funding sources	1 year
Strategy 3.6	**Action 3.6.1**			
Enhance and coordinate services for offenders at risk of chronic homelessness	Enhance pre- and post-release process for offenders	DOC	Homeless prevention planning integrated into discharge planning	1 year
	Action 3.6.2			
	Implement policy to emphasize stable housing whenever possible	DOC	Decreased number of offenders released into known shelters	6 months
	Action 3.6.3			
	Work with partners in developing specialized housing for hard to place offenders	DOC, providers	Decreased number of offenders released into known shelters	2 years
	Action 3.6.4			
	Advocate for waivers/policy change for providing federal housing assistance to offenders	ICHHI, providers	Modified policies regarding offenders	on-going

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
	Action 3.6.5			
	Provide education/outreach to parole officers regarding resources/needs of chronically homeless	DOC, FSSA, ISDH, IHFA, DVA, ICHHI, providers	Increased appropriate referrals	1 year, on-going
Strategy 3.7	**Action 3.7.1**			
Enhance and coordinate employment services	Encourage supportive employment programs (linked with housing, mental health, and other support services)	DWD, FSSA/VRS, DVA	Accessible employment services	2 years
	Action 3.7.2			
	Work with mainstream workforce development programs (Work One) to better serve homeless	DWD, Local Workforce Investment Boards	Increase the number of homeless persons served by identifying existing barriers	2 years
	Action 3.7.3			
	Encourage Local Workforce Investment Boards to increase linkage with homeless providers, including possible representation on board	DWD, Local Workforce Investment Boards	Increase the number of homeless persons served	1 year
	Action 3.7.4			
	Seek SSA funding for disability navigators to assist clients in obtaining employment	DWD, FSSA/VRS	Increase the number of homeless SSI or SSDI recipients that are employed	1 year
Strategy 3.8	**Action 3.8.1**			
Enhance and coordinate primary healthcare services	Encourage CoC regions to foster coordination between mainstream and targeted homeless healthcare programs	ISDH	Increase referrals into primary care	18 months
	Action 3.8.2			
	Work with hospitals to develop discharge plan for homeless inpatients	ISDH	Decrease number of inpatients released into homelessness	18 months
	Action 3.8.3			
	Identify chronic homeless in emergency rooms and link to primary care services	ISDH	Decrease number of emergency room visits	18 months
	Action 3.8.4			
	Increase hospital recovery housing programs	ISDH, providers	Decrease number of emergency room visits and inappropriate referrals to shelters	2 years

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
	Action 3.8.5			
	Encourage primary health care providers and homeless persons to utilize Indiana Family Helpline for referrals	ISDH	Increase number of self referrals	6 months
	Action 3.8.6			
	Encourage providers to educate primary health care providers about homelessness	FSSA, providers	Increase appropriate referrals to providers	1 year, on-going
PRIORITY FOUR: Optimize use of existing mainstream resources				
Strategy 4.1	**Action 4.1.1**			
Use agencies providing mainstream resources to identify and initiate services for homeless persons	Encourage providers of mainstream resources to ask the same housing status questions during intake	FSSA, DWD, DVA, IDVA, WIBs	Track homeless persons utilizing mainstream resources	2 years
	Action 4.1.2			
	Explore expediting processing of homeless persons' applications and benefits	FSSA, DVA, IDVA	Provide the Federal Interagency Council on the Homeless recommendations for legislative and/or policy changes needed to reduce application processing time and increase access to benefits	3 years
	Action 4.1.3			
	Establish links for homeless persons from intake process to providers	FSSA, DWD, DVA, IDVA, providers, ICHHI	A formalized referral system	2 years
	Action 4.1.4			
	Move toward electronic submission of applications, where feasible	FSSA, DWD	Streamlined application process	1 year
Strategy 4.2	**Action 4.2.1**			
Streamline Medicaid access	For Hoosier Healthwise, establish links between providers and local FSSA/DFC offices for on-site enrollment of eligible participants through homeless providers or permanent or intermittent on-site FSSA/DFC staff	FSSA, providers	Increase enrollment of homeless persons in Hoosier Healthwise program	on-going

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
	Action 4.2.2			
	For Medicaid disability determination, train providers to assist client in compiling medical information	FSSA, providers	Annual trainings to decrease processing time	on-going
	Action 4.2.3			
	For Medicaid disability determination, increase communication between providers and FSSA regarding eligibility standards	FSSA, providers	Decrease number of denials	on-going
	Action 4.2.3			
	Encourage providers to track clients' forwarding addresses and/or consider allowing client to use provider address	FSSA ESG, ICHHI, providers	Reduce processing time	on-going
	Action 4.2.4			
	Periodically invite providers to discuss homeless issues at FSSA regional meetings	FSSA, providers	Meetings to increase collaboration between FSSA and providers	on-going
Strategy 4.3	**Action 4.3.1**			
Streamline SSI Access	Apply for SSI access demonstration funding for outreach teams	ISDH	Increased funding for outreach teams	depends on funding announcement
	Action 4.3.2			
	Interagency Council develop better working relationship with FSSA disability determination staff	IAC, FSSA	Reduce processing time	on-going
Strategy 4.4	**Action 4.4.1**			
Streamline DVA access	Ask if client has been in armed services as part of intake	HMIS Task Force, ICHHI, IACED	Identify more homeless persons eligible for veterans benefits	1 year
	Action 4.4.2			
	Encourage providers to coordinate with DVA for eligibility determination and referrals	FSSA, ICHHI, IACED	Increased number homeless veterans participating in eligibility determination	2 years
Strategy 4.5	**Action 4.5.1**			
Optimize use of TANF funds	Explore use of TANF for housing and supportive services	ICHHI, FSSA/DFC, providers	Identify eligible uses of TANF funds	6 months
Strategy 4.6	**Action 4.6.1**			
Optimize use of food stamps	Encourage food stamp outreach among homeless providers	FSSA/DFC, providers	Increase the use of food stamps by homeless persons	1 year

Strategies	Actions	Implementer	Expected Outcomes	Target Completion Date
PRIORITY FIVE: Develop a policy and planning infrastructure				
Strategy 5.1	**Action 5.1.1**			
Create accountability for plan implementation	Implement comprehensive reporting structure	Task Force	Task Force reports quarterly to IAC and post status report on website. IAC reports to Governor and Lt. Governor.	on-going
Strategy 5.2	**Action 5.2.1**			
Negotiate MOAs with state agencies to work towards ending chronic homelessness	Designate decision maker within each agency/department to ensure action on plan and serve as contact	IAC	A designated person from each agency participates in plan implementation	1 year
Strategy 5.3	**Action 5.3.1**			
Continue to focus on regional CoC structure	Explore funding/technical assistance for regions to develop and implement action plans	ICHHI	A list of funding sources and amounts	6 months
Strategy 5.4	**Action 5.4.1**			
Market the plan	Disseminate the plan to agency employees, public, policy makers, service providers, housing providers, private corporations focusing on the benefits	Task Force	Each IAC agency disseminates the plan	on-going
	Action 5.4.2			
	Publish plan on state agency websites	Task Force	Each IAC agency disseminates the plan	6 months
	Action 5.4.3			
	Coordinate homeless awareness activities (Homeless Week, etc.)	FSSA, DVA, ICHHI, CHIP	Increased participation in homeless activities	on-going
Strategy 5.5	**Action 5.5.1**			
Recognize diverse needs	Coordinate development of geographically and culturally appropriate programs	FSSA, ISDH, IHFA, DOC, DVA, providers	Diverse services and programs	on-going
Strategy 5.6	**Action 5.6.1**			
Identify barriers created by State and Federal policies	Research barriers to programs	FSSA, ISDH, IHFA, DOC, DVA, ICHHI	A list of barriers	6 months